

# Legal Status

## Introduction

The Legal Status section of the ASI helps to gather some basic information about the patient's legal history. It addresses information about probation or parole, charges, convictions, incarcerations or detainments, and illegal activities. We recommend that you add questions that you consider relevant to your patient's treatment plan. An interviewer can gather accurate information from this section most efficiently by doing a lot of probing in the first part of the section. For example, if a patient reports that he or she was charged with a criminal offense, the interviewer should ask whether the patient was convicted and if so, whether any time was spent in prison. By addressing and recording these details in the early part of the section, the interviewer can move more quickly through the latter parts of the section.

**L1. Was this admission prompted or suggested by the criminal justice system?**

**L2. Are you on parole or probation?**

## Intent/Key Points

To record information about the relationship between the patient's treatment status and legal status. For Item L1, enter "yes" if any member of the criminal justice system was responsible for the patient's current admission or generally, if the patient will suffer undesirable legal consequences as a result of refusing or not completing treatment.

For Item L2, enter "yes" if the patient is currently on probation or parole.

## Suggested Interviewing Technique

Ask both questions as written. Provide examples of referral sources that are related to the criminal justice system to clarify any confusion related to Item L1.

*"Mr. Smith, was your admission to this treatment program prompted or suggested by the criminal justice system, like a lawyer or probation officer . . . [or did you decide to come here on your own . . . or was it your family that persuaded you to seek help here]?"*

*"Are you on parole or probation?"*

If a patient says that he or she is currently on parole or probation, we recommend that you routinely ask for details. For example, you should ask:

*"Why are you on probation? What criminal offense were you charged with?"*

*"How long have you been on probation? When will your probation period end?"*

## Additional Probes

- ☐ Who referred the patient, circumstances surrounding the referral
- ☐ Nature of the probation or parole (Federal or State); name of probation or parole officer

## Cross-check

- ✓ Legal Status Items L3–16

## L3–16. How many times in your life have you been arrested and charged with the following?

### Intent/Key Points

This is a record of the number and type of arrest counts with official charges (not necessarily convictions) accumulated by the patient during his or her life. Be sure to include the total number of counts and not just arrests. These include only formal charges—not times when the patient was just picked up or questioned. Do not include juvenile (prior to the age of 18) crimes, unless the court tried the patient as an adult, which happens in cases of particularly serious offenses.

**Note:** The inclusion of adult crimes only is a convention adopted for our purposes. We have found it is most appropriate for our population. The use of the ASI with different populations may warrant consideration of juvenile legal history.

### Suggested Interviewing Technique

If a patient responds that he or she has been charged with an offense, we recommend that you ask for details (e.g., whether the patient was convicted or not, whether the patient was incarcerated, paid a fine, or spent time on probation). These details will help you to move more quickly through the latter part of the section. If you don't gather information early, your attempts at gathering information from patients with complicated legal histories may be hindered. Therefore, we recommend that you ask the question as written below, with probes similar to the ones listed below asked routinely.

*"Mr. Smith, how many times in your life have you been charged with \_\_\_\_\_?"*

If the patient reports that he or she was charged:

*"What happened with that charge . . . for example, was it dropped . . . were you convicted of it?"*

If the patient reports that he or she was convicted:

*"What happened when you were convicted . . . did you spend time in prison . . . did you pay a fine . . . were you on probation?"*

### **Additional Probes**

- ☐ The years in which the client was charged with each offense
- ☐ Details surrounding each criminal act
- ☐ Significant events occurring at the same time that the patient was charged with each offense

### **Coding Issues**

- Include arrests that occurred during military service, with the exception of those that have no civilian life counterpart (e.g., AWOL, insubordination). But do record the second type of arrest in the Comments section.
- Code attempts at criminal activity (e.g., attempted robbery, attempted rape) the same way that you code the activity. Therefore, charges of attempted robbery would be coded with robbery.
- In some States "contempt of court " is the charge levied against someone who has failed to pay support or alimony payments.

## **L17. How many of these charges resulted in convictions?**

### **Intent/Key Points**

To record basic information about the patient's legal history. Do not include the misdemeanor offenses (L18–L20) in this item. Note that convictions include fines, probation, and suspended sentences as well as sentences requiring incarceration. Convictions also include guilty pleas. Charges for parole and/or probation violations are automatically counted as convictions.

## Suggested Interviewing Technique

If you did not gather information about convictions through probing during Items L1–L16, ask this question as written.

*"Mr. Smith, how many of these charges resulted in convictions?"*

## Additional Probe

- ☐ Whether or not the patient was incarcerated

## Coding Issue

- Code Item L17 with an "N" if Item L3–L16 are all "00."

## Cross-check

- ✓ Legal Status Item L24 (possibly)

**How many times have you been charged with the following:**

**L18. Disorderly conduct, vagrancy, public intoxication?**

**L19. Driving while intoxicated?**

**L20. Major driving violations?**

## Intent/Key Points

Charges in the Item L18 category may include those that generally relate to being a public annoyance without the commission of a particular crime. Driving violations counted in L20 are moving violations (speeding, reckless driving, leaving the scene of an accident, etc.). This does not include vehicle violations, registration infractions, and parking tickets.

## Suggested Interviewing Technique

Ask this question as written:

*"Mr. Smith, how many times have you been charged with the following . . .  
disorderly conduct, vagrancy, or public intoxication?"*

### **Additional Probe**

- ☐ Outcomes of the charges

### **Coding Issue**

- Employment/Support Status Item E4 (possibly)

**L21. How many months have you been incarcerated in your life?**

**L22. How long was your last incarceration?**

**L23. What was it for?**

### **Intent/Key Points**

For Item L21, enter the number of total months spent in jail (whether or not the charge resulted in a conviction), prison, or detention center in the patient's life since the age of 18, unless the patient was detained as an adult while still a juvenile. If the number equals 100 or more, enter "99." Count as 1 month any period of incarceration 2 weeks or longer. For Item L23, choose the number and description assigned in the first part of the Legal section (L3–L16 and L18–L20) to indicate the charge for which the patient was incarcerated. If the patient was incarcerated for several charges, enter the most serious or the one for which he or she received the most severe sentence.

### **Suggested Interviewing Technique**

Ask the questions as written:

*"How many months have you been incarcerated in your life?"*

*"How long was your last incarceration?"*

*"For what charge were you incarcerated?"*

### **Additional Probe**

- ☐ Details of unusual periods of incarceration (serving time for two convictions concurrently)

## Coding Issues

- Make sure that you code the total number of months that the patient was incarcerated for large periods of time.
- If the patient has never been incarcerated for more than a month, code Item L21 with "00." If Item L21 is 00, then Items L22 and L23 will automatically become "N."
- Item L22 should always be smaller than or equal to Item L21.

## Cross-check

- ✓ Make sure that long periods of incarceration are accounted for in other parts of the interview.

## L24. Are you presently awaiting charges, trial or sentencing?

## L25. What for?

## Intent/Key Points

To record information about the patient's current legal status. If the patient is not awaiting charges, trial, or sentencing select "no" for Item L24. If L24 is "no," then L25 is automatically also "N." Do not include civil lawsuits unless a criminal offense (contempt of court) is involved.

## Suggested Interviewing Technique

Ask the question as written:

*"Are you presently awaiting charges, trial, or sentencing for any charge?"*

## Additional Probe

- ☐ The date on which the sentencing will take place

## Coding Issues

- Item L24 should never be coded with an "N/A." It should always be asked and coded either "yes" or "no."
- If Item L24 is "no," then Item L25 should be coded "N."
- To code Item L25, select from the charges listed in Questions L3–L20. For example, if the client is awaiting trial for "drug charges," L25 would be coded "05." If multiple charges apply, select the most severe.

## **L26. How many days in the past 30 days were you detained or incarcerated?**

### **Intent/Key Points**

To record information about whether the patient was detained in the past 30 days

### **Suggested Interviewing Technique**

Ask the question as written. If the client asks for the difference between an incarceration and a detainment ("*Hey, didn't you ask me that question already?*"), give a few examples of detainment. For example, if the patient was put in jail to sleep off a drunk, or was detained and questioned by the police because he or she looked like someone who had committed a crime, you would code that the client has been "detained or incarcerated in the past 30 days."

*"Mr. Smith, how many days in the past 30 days were you detained or incarcerated?"*

### **Additional Probe**

- ☐ Reasons for being detained

### **Coding Issue**

- Include being detained but released on the same day

### **Cross-check**

- ✓ General Information, Items G19 and G20

**L27. How many days in the past 30 days have you engaged in illegal activities for profit?**

**Intent/Key Points**

Enter the number of days the patient engaged in crime for profit. Do not count simple drug possession or drug use. However, do include drug dealing, prostitution, burglary, selling stolen goods, etc.

**Suggested Interviewing Technique**

Ask the question as written:

*"Mr. Smith, how many days in the past 30 days have you engaged in illegal activities for profit?"*

**Additional Probes**

- ☐ The type of illegal activity
- ☐ Whether the patient received cash or drugs

**Coding Issue**

- Include illegal activity as "for profit" even if the patient received drugs or other goods (instead of cash) in return for the illegal activity.

**Cross-check**

- ✓ Employment/Support Status Item E17 (possibly)



## LEGAL STATUS PATIENT RATING

**L28. How serious do you feel your present legal problems are?**

**L29. How important to you now is counseling or referral for these legal problems?**

### Intent/Key Points

To record the patient's feelings about how serious he or she feels the previously mentioned legal problems are, and the importance of getting (additional) counseling or referral. For Item L29, the patient is rating the need for referral to legal counsel so that he or she can defend himself or herself against criminal charges.

### Suggested Interviewing Technique

When asking the patient to rate the problem, use the name of it, rather than just the general term "problems." For example, if the patient reports that he or she is awaiting trial on a criminal charge, ask the questions in the following way:

*"Mr. Smith, how serious are your present legal problems . . . such as your upcoming burglary trial?"*

*"How important would it be for you to get counseling or referral for the burglary trial that you mentioned?"*

### Coding Issue

- Allow the patient to describe his or her feelings about current legal problems only, not potential legal problems. For example, if a patient reports selling drugs on a few days out of the past 30 days, but has not been caught, that person does not have any current legal problem. If the patient gets caught selling drugs, then he or she will have a legal problem.

**Note:** For Item L29, emphasize that you mean additional legal counseling and/or referral for those problems specified in Item L28.

If a client states he or she is not at all troubled and/or bothered in L28, but is considerably interested in treatment, this may represent what appears to be an inconsistency in the client's response. Generally clients are not considerably interested in treatment for problems they do not consider themselves to have. In these situations, the worker must go back and probe to clarify the inconsistency and enter the correct data. Or, if the data are correct and the inconsistency has an explanation, please make a much-needed notation in the Comments section.

The same is true if the client responds that he or she is in fact "troubled and/or bothered" by a problem but is "not at all" interested in treatment. This may represent what appears to be an inconsistency in the client's response. Generally clients are interested in treatment for problems they do consider themselves to have. In these situations the worker must go back and probe to clarify the inconsistency and enter the correct data. Or, if the data are correct and the inconsistency has an explanation, please make a notation in the Comments section.

**Example:** A client may feel his or her present legal problems are extremely serious. However, the client has a very good defense attorney and is not in need of additional counseling and/or referral for these problems. You would want to explain that in the Comments section.

## LEGAL STATUS INTERVIEWER SEVERITY RATING

### **L30. How would you rate the patient's need for legal services or counseling?**

Remember the two-step derivation method for severity ratings:

**Step 1:** *Reduce the 10-point scale (0–9) to two or three points, using only the objective items (Items 1–27 in the Legal Status section).*

- 0–1 No problem, treatment not needed
- 2–3 Slight problem, treatment probably not indicated
- 4–5 Moderate problem, some treatment indicated
- 6–7 Considerable problem, treatment necessary
- 8–9 Extreme problem, treatment absolutely necessary

Consider adjusting the range based on the critical objective items of the section.

#### **Critical Objective Items of the Legal Status Section**

<b>Item</b>	<b>Description</b>
L3–16	Major Charges
L17	Convictions
L24–25	Current Charges
L27	Current Criminal Involvement

**Step 2:**     *Factor in the patient's rating. Pick the score on the Patient's Rating Scale that represents the patient's rating.*

For example, if the interviewer's three-point range is 4-5-6, and the patient reports that he or she has been extremely bothered and would be extremely interested in treatment for legal problems, then select the highest point of the three point range (in this case, a "6") for the severity rating in this section.

The meaning of the "6" severity rating is that counseling or referral is necessary for the patient's legal problems. The severity rating for this section should have no effect on any other sections.

**Note:** Select the rating that best reflects this client's need for "additional" treatment.

## **LEGAL STATUS CONFIDENCE RATING**

**Is the above information significantly distorted by:**

**L31.     Patient's misrepresentation?**

**L32.     Patient's inability to understand?**

Whenever a "yes" response is coded, the interviewer should record a brief explanation in the Comments section.

The judgment of the interviewer is important in deciding the veracity of the patient's statements and his or her ability to understand the nature and intent of the interview. This does not mean a simple "hunch" on the part of the interviewer, but rather, this determination should be based on observations of the patient's responses following probing and inquiry when contradictory information has been presented or is supplied in the record.

Even when the interviewer is aware of inconsistencies in the client's responses, this does not automatically mean a "yes" answer will be recorded to these questions. The operant phrase here is "significantly distorted." If the entire section is not significantly distorted by a couple of misrepresentations and/or an inability to understand, then you would select a "no" response.

**Note:** It is the responsibility of the interviewer to monitor the consistency of information provided by the patient throughout the interview. It is not acceptable to simply record what is reported. Where inconsistencies are noted, the interviewer must probe for further information and attempt to reconcile conflicting reports.

# Family History

## Introduction

The family history "genogram" is a new addition on this version of the Addiction Severity Index and replaces the old family history grid.

## Intent/Key Points

To record information about the patient's family members and their problems or dependencies in various areas. This information may help in treatment planning and also with patient placement. The coding is as follows:

A—Alcoholism	R—In Recovery
D—Illegal Drug Dependence	S—Sexual Addiction
P—Prescription Drug Dependence	SU—Suicide
T—Cigarette Smoker	V—Violence or Frequent Rages
G—Compulsive Gambler	MI—Mental Illness

Information in this genogram may include biological and nonbiological relatives. Identify whether the relatives you are coding are biologically related to the client.

## Suggested Interviewing Technique

Begin with the box labeled "Yourself" in the center of the grid. Insert the client's name and the codes (as above) to any problems the client feels he or she may have difficulty with or has received treatment for.

To the left of the box labeled "Yourself" are two boxes for initials of the client's current and/or previous partners/spouse, etc. Place the initials of the person identified for each box in the upper right-hand corner of the box, and insert codes as above.

To the right of the box labeled "Yourself" are three boxes for the client's brothers and sisters. Continue as above. There are 12 extra boxes in the last two rows for any additional family members—brothers, sisters, aunts, uncles, etc.

The top two rows ask about the client's mother and father and their families. Continue to use initials or first names in the upper corner of each box, while coding problems in the box.

### **Additional Probe**

- ☐ Have the family members received treatment for these problems?

### **Coding Issues**

- Most importantly, if any of the client's family members have suicided, this is a clinical indicator of the client's likelihood of suiciding if he or she is depressed, or acknowledges thinking about suicide.
- Remember to note if the relative is biologically related to the client.

# Family/Social Relationships

## Introduction

The intent of these items is to assess inherent relationship problems rather than the extent to which alcohol and drugs have affected relationships. In this section more than in any other, it is difficult to determine whether a relationship problem is due to intrinsic problems or to the effects of alcohol and drugs. In general, the patient should be asked whether he or she feels that if the alcohol or drug problem were absent, would there still be a relationship problem.

## F1. Marital Status

## F2. How long have you been in this marital status?

## F3. Are you satisfied with this situation?

## Intent/Key Points

To record information about the patient's marital status, duration of marital status, and satisfaction with marital status. For Item F1, select the option that best represents the client's present legal marital status. For Item F2, enter the number of years and months the patient has been in the current marital status. For Item F3, selecting a "satisfied" response must indicate that the patient generally likes the situation, not that he or she is merely resigned to it.

## Suggested Interviewing Technique

Ask the questions as written, and give examples.

*"Mr. Smith, what is your marital status? Are you married, remarried . . . single?"*

*"How long have you been \_\_\_\_\_?"*

*"Are you satisfied with your marital status?"*

## Additional Probe

- ☐ Reasons for dissatisfaction or separation (if applicable)

## Coding Issues

- Consider common law marriage (7 years in Pennsylvania) as married.
- Individuals who consider themselves married because of a commitment ceremony or significant period of cohabitation should be coded as married and considered married for the remainder of the questions pertaining to marriage or spousal relations.
- For patients who have never been married, enter the number of years since age 18 (an indication of their adult status) in Item F2.

## F4. Usual living arrangements

## F5. How long have you lived in these arrangements?

## F6. Are you satisfied with these arrangements?

## Intent/Key Points

To record information about the patient's usual living arrangements during the past 3 years. For Item F4, select the arrangement in which the patient has spent most of the last 3 years, even if it is different from his or her most recent living arrangement. If the patient has lived in several arrangements, choose the most representative of the 3-year period. If the amounts of time are evenly split, choose the most recent situation. For patients who usually live with parents, enter the number of years residing there since age 18 in Item F5. A "satisfied" response in Item F6 indicates that the patient generally likes the situation, not that he or she is merely resigned to it.

## Suggested Interviewing Technique

You may have to ask a number of additional questions to get accurate responses to these items. For example, you may have to provide a frame of reference (the past 3 years). You may consider asking the patient for information about his current living arrangements, and all previous arrangements for the past 3 years, as follows:

*"Mr. Smith, you mentioned that you are currently living with your mother. For how many years (or months) have you been living with her?"*

*"Whom did you live with before you moved in with your mom?"*

*"How long were you living with those folks?" and so on.*

By recording this information, you can figure out not only which living arrangement was the most representative, but the length of each arrangement, as well.

## **Additional Probe**

- ☐ Reasons for leaving each arrangement

## **Coding Issue**

- Ask the patient to describe the amount of time spent living in prisons, hospitals, or other institutions where access to drugs and alcohol is restricted. If this amount of time is the most significant, select "Controlled Environment."

## **Cross-check**

- ✓ General information, Item G14
- ✓ All information related to recent controlled environments on the rest of the interview (if the response to F4 is "Controlled Environment")

## **Do you live with anyone who:**

**F7. Has an alcohol problem?**

**F8. Uses nonprescribed drugs?**

## **Intent/Key Points**

Items F7 and F8 address whether the patient will return to a drug- and alcohol-free living situation. This is intended as a measure of the integrity and support of the home environment and does not refer to the neighborhood in which the patient lives. The home environment in question is the one in which the patient either currently lives (in the case of most outpatient treatment settings) or the environment to which the patient expects to return following treatment.

## **Suggested Interviewing Technique**

Since you should already have information about the patient's current living situation, you can tailor the question to the patient. For example, if the patient reports living only with his mother, you may ask this series of questions:

*"Mr. Smith, does your mother drink?"*

*"Do you think she has a problem with alcohol?"*

*"Does she use nonprescribed drugs, or prescribed drugs in a nonprescribed fashion?"*



## Additional Probes

- ☐ Client's relationship to people who use substances (father/daughter, husband/wife)
- ☐ Number of people who use substances

## Coding Issues

- For alcohol (Question F7), code "yes" only if there is an individual with an active alcohol problem (i.e., a drinking alcoholic) in the living situation, regardless of whether the patient has an alcohol problem.
- For drug use (Question F8), code "yes" if there is any form of drug use in the living situation, regardless of whether that drug-using individual has a problem or whether the patient has a drug problem.

## Do you live with anyone who:

### F61. Is supportive of your recovery?

## Intent/Key Points

To record information regarding the patient's live-in support system

## Suggested Interviewing Technique

Ask the question as written, with emphasis on the living environment, not just information on frequent visitors, etc. Notice the prior code in Question F4 (usual living arrangements in the past 3 years) and you may frame the question with that information, such as:

*"Mr. Smith, I know you told me earlier that you live with your partner and adult children. Would any of these people be supportive of your recovery? Maybe they would take you to meetings, understand that it might be best if they don't drink or use drugs," etc.*

## Additional Probe

- ☐ Probe regarding the overall patient/household relationship. If the patient feels that he or she does not have live-in support, ask the patient the causes of his or her feelings regarding the absence of this support. You may ask questions such as:

*"Mr. Smith, what makes you feel that you have no support in the household?"*

*"Do your spouse/children encourage you positively in any way?"*

## Coding Issue

- For Question F61, code "yes" only if Question F4 is a code *other than* 7.

**F9. With whom do you spend most of your free time?**

**F10. Are you satisfied with spending your free time this way?**

## Intent/Key Points

The response to Item F9 is usually easy to interpret. Immediate and extended family as well as in-laws are to be included under "Family" for all items that refer to "Family." "Friends" can be considered any of the patient's associates other than family members, and related problems should be considered "Social."

## Suggested Interviewing Technique

Ask the questions as written, and give examples.

*"Mr. Smith, with whom do you spend most of your free time . . . your family, friends, or alone?"*

*"Are you satisfied with spending your free time this way?"*

## Additional Probe

- ☐ Details about free time (going to movies, using drugs)

## Coding Issues

- A "satisfied" response to Item F10 must indicate that the patient generally likes the situation, not that he or she is merely resigned to it.
- **Important Note:** Some patients may consider a girlfriend or boyfriend with whom they have had a long-standing relationship as a "family member." In such cases, he or she can be considered a family member.

## Cross-check

- ✓ Family/Social Relationships Item no. F21 (possibly)

## **F11. How many close friends do you have?**

### **Intent/Key Points**

Stress that you mean *close* friends. Do not include family members or a girlfriend or boyfriend who is considered to be a family member or spouse.

### **Suggested Interviewing Technique**

*"Mr. Smith, how many close friends do you have . . . by that, I mean people outside your family that you can trust?"*

### **Additional Probes**

- ☐ Names of close friends
- ☐ Amount of contact with close friends

### **Cross-check**

- ✓ Cross-check item with other items in the interview that address close relationships, such as Family/Social Relationships Item F24.

## **F76. How many of these friends are Native Americans?**

### **Intent/Key Points**

Item F11 addresses the number of close friends the patient has. This question addresses, of those friends that the patient considers close, how many are of Native American ethnicity.

### **Suggested Interviewing Technique**

You may ask the patient questions such as:

*"Mr. Smith, out of those close friends that you just mentioned, how many of them are Native American?"*

Reiterate to the patient that "close friends" is exclusive of family members.

### **Additional Probe**

- ☐ If the number of Native American friends is not equal to the total number of close friends, does the patient have more contact with those who are Native American or with the others?

## Coding Issue

- The number coded in F76 cannot be greater than that coded in F11.

## **F70. With whom do you feel the most comfortable?**

### Intent/Key Points

Item F70 is not in reference to persons addressed in Items F11 and F76. Question F70 is a general question. This question is intended to measure, overall, how comfortable the patient feels in the presence of one cultural group in comparison with others. A response of "indifferent" in Item F70 must indicate that the patient generally likes persons of all ethnicities, not that he or she is merely resigned to the presence of persons from different cultural groups.

### Suggested Interviewing Technique

If the patient has friends of varying ethnicities or comes into frequent contact with persons of varying ethnicities, you may ask the patient questions such as:

*"Mr. Smith, you previously stated that you have some friends who are Native American and some who are African American." or "You have stated that you come into frequent contact with persons of different ethnicities."*

*"With whom do you feel most comfortable?" or "Around whom can you be most 'yourself?'" or "Are you equally comfortable around all people?"*

### Additional Probe

- ☐ Patient's relationship with persons referred to above (coworkers, neighbors, classmates)

## Coding Issue

- Ask the patient to describe the amount of time spent with persons being addressed above and comment.

**After treatment, will you return to an environment that:**

- F65. Is supportive of your recovery?**
- F66. Offers community services to help you in your recovery?**
- F67. Offers accessible self-help meetings?**

### **Intent/Key Points**

Items F65–F67 address whether the patient will return to an environment that is supportive, offers community services, and has accessible self-help meetings. If treatment received is inpatient, "after treatment" refers to the point of discharge. If treatment received is outpatient, "after treatment" refers to the patient's current environment(s), for example, neighborhood, living, working, school.

### **Suggested Interviewing Technique**

You may have to ask additional questions, clarify, or reword questions to get the best responses to these items. For example, you may have to clarify what is meant by "community services" or "self-help" meetings (e.g., AA meetings). For example:

*"Mr. Smith, I know you told me that you will return to the reservation when you complete treatment. Are any support groups available for you, or is there any counseling or aftercare available?"*

For Questions F66 and F67, you may want to list recovery groups, relapse prevention meetings, counseling, or AA, NA, or CA.

### **Additional Probes**

- ☐ Client's relationship with persons to whom he or she will return after treatment
- ☐ Accessibility of community services

**F58. Have you ever lived on a reservation?**

**F59. How many years of your life did you live on reservations?**

**F60. Are you satisfied living on reservations?**

### **Intent/Key Points**

To record information about the patient's prior living on a reservation, the duration of living on a reservation, and satisfaction with this situation. For Item F58, enter whether or not the client has ever lived on a reservation. For Item F59, enter the number of years and months that the patient has lived on a reservation. For Item F60, selecting an "indifferent" response must indicate that the person is (was) truly indifferent to the situation, not that he or she is (was) merely resigned to it.

Remind the client that "ever" in Question F58 is in reference to one's entire life, even during infancy. For example, perhaps the family made a reservation-to-city move when the client was younger. If the client does not know this type of information, record only what the client has knowledge of.

### **Suggested Interviewing Technique**

If the client states that he or she did not live on a reservation, you may respond:

*"Mr. Smith, you state that you have never lived on a reservation, even when you were younger."*

### **Additional Probe**

- ☐ If the client perhaps lived on a reservation for a period of time, relocated, and then moved back to the reservation, **total** the years that the client was on a reservation and record it in F59.

### **Coding Issue**

- If F58=0, then F59 must also be 0.

**F12–F17. Would you say you have had a close, long-lasting, personal relationship with any of the following people? . . .**

**Intent/Key Points**

Assesses the extent to which the patient has a history of being able to establish and maintain close, warm, and mutually supportive relationships with any of the people listed. A simple "yes" response is not adequate for these questions, and some probing will be needed to determine specifically if there has been the ability to feel closeness and mutual responsibility in the relationship. Does the patient feel a sense of value for the person (beyond simple self-benefit)? Is the patient willing to work to retain/maintain these relationships?

**Suggested Interviewing Technique**

You will have to ask a number of questions to get accurate responses to these items.

*"Mr. Smith, have you had a long-lasting personal relationship with your mother?"*

*"For example, would you go out of your way to do things for her? Would you lend her money if she needed it? Have you seen her recently? Do you miss her when you don't see her?"*

**Coding Issue**

- It is particularly important for interviewers to make judicious use of the "Never had a relative" and "Uncertain" or unknown ["I don't know"] responses to these questions. In general, a "yes" response should be recorded for any category where at least one member of the relative category meets the criterion. In contrast, a "no" response should be counted only if all relatives in the category fail to meet the criterion.

**Cross-check**

- ✓ Family/Social Relationships Items F18–F26 (possibly)

**F18–F26. Have you had significant periods in which you have experienced serious problems getting along with . . . ?****Intent/Key Points**

To record information about extended periods of relationship problems. These items refer to serious problems of sufficient duration and intensity to jeopardize the relationship. They include extremely poor communication, complete lack of trust or understanding, animosity, and constant arguments. If the patient has not been in contact with the person in the past 30 days, it should be recorded as "N/A." An "N/A" should also be entered in categories that are not applicable, e.g., in the case of a patient with no siblings.

**Suggested Interviewing Technique**

It is recommended that the interviewer first ask the lifetime question from each pair. For example,

*"Have you ever had a significant period in your past in which you experienced serious problems with your father?"*

Regardless of the answer, the interviewer should inquire about the past 30 days. However, the interviewer should first inquire about whether there has been recent contact.

*"Have you had any personal or telephone contact with your father in the past 30 days?"*

(If "no," record an "N/A" in the Past 30 Days column.) If "yes," ask:

*"How have things been going with your father recently?"*

*"Have you had any serious problems with him in the past 30 days?"*

**Additional Probes**

- ☐ Nature of the problem
- ☐ Facts about relationships (number of siblings, children)

**Coding Issues**

- It is possible that a patient could have had serious problems with a father in the past but, because of death, not have had a problem in the past month. The correct coding in this case would be "yes" under lifetime and "N/A" under Past 30 Days. An "X" code should be used for any situation where the patient simply can't recall or is not sure for any reason. It is better to use this code than to record possibly inaccurate information.
- Item F21 may include any regular, important sexual relationship.



- **Important Note:** The Past 30 Days and the In Your Life (lifetime) intervals in Items F18 to F26 are designed to be considered separately. The past 30 days will provide information on recent problems, while the lifetime category will indicate problems or a history of problems before the past 30 days.

### **Has anyone ever abused you?**

**F27. Emotionally?**

**F28. Physically?**

**F29. Sexually?**

### **Intent/Key Points**

These items have been added to assess what may be important aspects of the early home life for these patients (lifetime answers) and to assess dangers in the recent and possibly future environment (past 30 days answers). It will be important to address these questions in a supportive manner, stressing the confidentiality of the information and the opportunities for the patient to raise this in subsequent treatment sessions with an appropriate provider.

**Emotional abuse** will generally be coded entirely by what the patient reports. It is understood that it will be difficult to judge whether the "actual" abuse reported (or lack of it) would be considered abuse to another person. No attempt should be made to do this, since the intent here is to record the patient's judgment.

**Physical abuse** should follow the same guidelines as emotional abuse, with one additional consideration. Simple spankings or other punishments should be counted as abuse only if they were in the eyes of the patient extreme and unnecessary.

**Sexual abuse** is not confined to intercourse but should be counted if the patient reports any type of unwanted advances of a sexual nature by a member of either sex.

### **Suggested Interviewing Technique**

Ask the questions as written, with examples.

*"Mr. Smith, have any of the people that I just mentioned or anyone in your lifetime ever abused you emotionally? For example, has anyone ever humiliated you or made you feel ashamed by calling you names?"*

## Additional Probe

- ☐ Others' knowledge of the abuse

## Cross-check

- ✓ Family/Social Relationships Items F7 and F8 (possibly), F18–F26 (possibly)
- ✓ How many days in the past 30 days have you had serious conflicts?

## Have you ever abused anyone?

**F62. Emotionally?**

**F63. Physically?**

**F64. Sexually?**

## Intent/Key Points

These items have been added to gather information on the client's lifetime history of perpetration of abuse, and to assess dangers in the recent environment (past 30 days answers). It is imperative that these items be addressed in a supportive and conscientious manner, stressing the confidentiality of the information.

**Emotional abuse** should be coded entirely by what the patient reports. The intent here is to record the patient's judgment in whether or not he or she feels that he or she has emotionally abused another person. It is understood that it is difficult to judge whether the reported abuse (or lack thereof) would be considered abuse to another person; therefore, no attempt should be made to do this.

**Physical abuse** should follow the same guidelines, with one additional consideration. Simple spankings or other punishments should be counted as abuse only if they were in the eyes of the patient extreme and unnecessary.

Be aware that **sexual abuse** is not confined to intercourse, but should be counted if the patient reports any type of forced sexual advances/acts toward a member of either sex.

## Suggested Interviewing Technique

Let the client know that you realize that the following questions are difficult and very personal, but ask the client to please answer them with honesty and truth. You may also want to reiterate here the notion of confidentiality as well as your "duty to warn" if someone is in danger.

Questions such as the following may be asked:

*"Mr. Smith, in your lifetime, have you ever abused anyone emotionally? For example, making someone feel bad through harsh words."*

*"Mr. Smith, have you ever in your lifetime, intentionally or unintentionally, caused someone physical harm through a violent act?"*

*"Mr. Smith, have you ever in your lifetime forced sexual advances/acts toward a member of either sex?"*

## Coding Issue

- Be very clear with the client about your legal obligations upon disclosure of information about current or recent abuse, particularly to children or elders.

## Cross-check

- ✓ Legal Status Items L10, L12, and L13 (possibly)

**How many days in the past 30 days have you had serious conflicts with:**

**F30. Your family?**

**F31. Other people (excluding family)?**

## Intent/Key Points

Conflicts require personal (or at least telephone) contact. Stress that you mean serious conflicts (e.g., serious arguments, verbal abuse) not simply routine differences of opinion. These conflicts should be of such a magnitude that they jeopardize the patient's relationship with the person involved.

## Suggested Interviewing Technique

Ask the questions as written and give examples.

*"Mr. Smith, how many days in the past 30 days have you had serious conflicts? By serious, I mean conflicts that may have put your relationship with someone in your life in jeopardy—for example, a big blowup?"*

**Note:** If F30=00 and/or F31=00, we suggest that you ask Questions F32 and F33 in the following way to double check that the patient really has not had problems.

*"So, Mr. Smith, it sounds like you haven't had any serious conflicts with family or social problems in the past 30 days . . . May I assume that you haven't been bothered by those kinds of problems?"* **or**

*"So, Mr. Smith, it sounds like you haven't had any serious conflicts with family or social problems in the past 30 days . . . Using our Patient's Rating Scale, how would you rate how troubled and/or bothered you are by these problems?"*

If the client responds that in fact he or she is "troubled and bothered" by family/social conflicts or problems but did not identify any days of conflicts or problems, probe and ask what the conflicts or problems are. Then go back to F30 and/or F31 and ask how many days the client was in fact bothered by those conflicts or problems. Enter the number of days and then ask again F32 and F33.

## Additional Probe

- ☐ The nature of the conflict (What did the client fight about?)

## Coding Issue

- If a conflict occurred only because a patient was under the influence of a substance, you should record the problem days in the Drug/Alcohol Use section, rather than the Family/Social section. Problem days recorded in this section should have their origins in interpersonal conflict, not substance abuse. They should be primarily relationship problems, not substance abuse problems.

## **FAMILY/SOCIAL RELATIONSHIPS PATIENT RATING**

**How troubled or bothered have you been in the past 30 days by:**

**F32. Family problems?**

**F33. Social problems?**

**How important to you now is treatment or counseling for:**

**F34. Family problems?**

**F35. Social problems?**

### **Intent/Key Points**

To record the patient's feelings about how bothersome any previously mentioned family and/or social problems have been in the past month, and how interested he or she would be in receiving (additional) counseling. These refer to any dissatisfaction, conflicts, or other relationship problems reported in the Family/Social section.

### **Suggested Interviewing Technique**

When asking the patient to rate the problem, mention it specifically, rather than using the general term, "problems." For example, if the patient reports being troubled by problems with his mother in the past 30 days, ask the patient Question F32 in the following way:

*"Mr. Smith, how troubled or bothered have you been in the past 30 days by the problems that you have had with your mother?"*

Ask the patient Question F34 in the following way:

*"Mr. Smith, how important is it for you to talk to someone about the problems that you and your mother have been having?"*

### **Additional Probe**

- ☐ Details of the problems

### **Coding Issues**

- Do not include the patient's need to seek treatment for such social problems as loneliness, inability to socialize, and dissatisfaction with friends.

- Do not include problems that would be eliminated if the patient's substance abuse problems were absent.
- For Item F34, be sure that the patient is aware that he or she is not rating whether or not his or her family would agree to participate, but how badly the patient needs counseling for family problems in whatever form.

## Cross-check

- ✓ Cross-check items with other items in the section that refer to problems. Problems related to family and social relationships may be recorded in many places throughout the section. For example, dissatisfaction with marital status (Item F3), living arrangements (Item F6), or free time (Item F10) may be reported. In addition, patients may indicate a need for treatment to address serious problems (Items F18–F26), or serious conflicts (Items F30 and F31).

**Note:** If a client states he or she is "not at all" troubled and/or bothered in Items F32 and F33, but states he or she is "considerably" interested in treatment, this may represent what appears to be an inconsistency in the client's response. Generally clients are not considerably interested in treatment for problems they do not consider themselves to have. In these situations the worker must go back and probe to clarify the inconsistency and enter the correct data. Or, if the data are correct and the inconsistency has an explanation, make a much-needed notation in the Comments section.

The same is true if the client responds that he or she is in fact troubled and/or bothered by a problem but is "not at all" interested in treatment. This may represent what appears to be an inconsistency in the client's response. Generally clients are interested in treatment for problems they do consider themselves to have. In these situations the worker must go back and probe to clarify the inconsistency and enter the correct data. Or, if the data are correct and the inconsistency has an explanation, you should make a notation in the Comments section.

## FAMILY/SOCIAL RELATIONSHIPS INTERVIEWER SEVERITY RATING

### F36. How would you rate the patient's need for family and/or social counseling?

**Note:** Unlike the Alcohol and Drug Section, you will be choosing only one rating to represent the Family and Social Section. It will be a composite rating for both sections.

Remember the two-step derivation method for severity ratings:

**Step 1:** *Reduce the 10-point scale (0–9) to two or three points, using only the objective items.*

0–1	No problem, treatment not needed
2–3	Slight problem, treatment probably not indicated
4–5	Moderate problem, some treatment indicated
6–7	Considerable problem, treatment necessary
8–9	Extreme problem, treatment absolutely necessary

Consider adjusting the range based on the critical objective items of the section.

#### Critical Objective Items of the Family/Social Section

Item	Description
F2–3	Stability/Satisfaction—Marital
F5–6	Stability/Satisfaction—Living Arrangements
F10	Satisfaction With Free Time
F18–26	Lifetime Problems With Relatives
F30 and F31	Serious Conflicts

**Step 2:** *Factor in the patient's rating. Pick the score on the Patient's Rating Scale that represents the patient's rating.*

For example, if the interviewer's three-point range is 4-5-6, and the patient reports that he or she has been extremely bothered and would be extremely interested in treatment for family/social problems, then select the highest point of the three-point range (in this case, a "6") for the severity rating in this section.

The meaning of the "6" severity rating is that treatment is necessary for family and social issues. The severity rating for this section should have no effect on any other sections.

**Note:** Select the rating that best reflects this client's need for "additional" treatment.

## **FAMILY/SOCIAL RELATIONSHIPS CONFIDENCE RATING**

**Is the above information significantly distorted by:**

**F37. Patient's misrepresentation?**

**F38. Patient's inability to understand?**

Whenever a "yes" response is coded, the interviewer should record a brief explanation in the Comments section.

The judgment of the interviewer is important in deciding the veracity of the patient's statements and his or her ability to understand the nature and intent of the interview. This does not mean a simple "hunch" on the part of the interviewer; rather, this determination should be based on observations of the patient's responses following probing and inquiry when contradictory information has been presented or is supplied in the record.

These questions are not to be used as "denial meters." Even when the worker is aware of the inconsistencies in the client's responses, this does not automatically mean a "yes" answer will be recorded to these questions. The operant phrase here is "significantly distorted." If the entire section is not significantly distorted by a couple of misrepresentations and/or an inability to understand, then you would select a "no" response.

**Note:** It is the responsibility of the interviewer to monitor the consistency of information provided by the patient throughout the interview. It is not acceptable to simply record what is reported. Where inconsistencies are noted, the interviewer must probe for further information and attempt to reconcile conflicting reports.



# Psychiatric Status

## Introduction

When administering this section, it is important to remember that the ASI should be considered a screening tool, rather than a diagnostic tool. Therefore, a patient need not meet diagnostic criteria for a symptom to have experienced the symptom. Further, the ASI will not provide definitive information on whether drug problems preceded psychiatric problems, or vice versa. All symptoms other than those associated with drug effects should be counted in this section. For example, depression and sluggishness related to detoxification should not be counted, whereas depression and guilt associated with violating a friend's trust or losing a job should be counted.

**How many times have you been treated for any psychological or emotional problems?**

**P1. In a hospital or inpatient setting?**

**P2. As an outpatient or private patient?**

## Intent/Key Points

This includes any type of treatment for any type of psychiatric problem. It does not include substance abuse, employment, or family counseling. (It does, however, include psychiatric treatment that took place in any of these settings.) The *unit of measure* is a treatment episode (usually a series of fairly continuous visits or treatment days), not the number of visits or days in treatment per se.

If the patient is aware of his or her diagnosis, enter this in the Comments section.

## Suggested Interviewing Technique

Ask the question as written.

*"How many times have you been treated for any psychological or emotional problems?"*

## Additional Probes

- ☐ Names of programs
- ☐ Ever received a diagnosis?
- ☐ Ever been put on medication during any of these treatments?
- ☐ Reasons for leaving each program
- ☐ Was the treatment helpful?

### **P3. Do you receive a pension for a psychiatric disability?**

#### **Intent/Key Points**

Pensions for physical problems of the nervous system (e.g., epilepsy) should be counted under Item M5 in the Medical section, not here.

#### **Suggested Interviewing Technique**

Ask the question as written.

*"Mr. Smith, do you receive a pension for a psychiatric disability?"*

#### **Additional Probes**

- ☐ Source of pension
- ☐ Amount of pension

#### **Cross-check**

- ✓ Employment/Support Status Item E15

**Have you had a significant period of time (that was not a direct result of alcohol/drug use) in which you have: [past 30 days and in your life]**

**P4. Experienced serious depression suggested by sadness, hopelessness, significant loss of interest, listlessness, difficulty with daily functioning, guilt, "crying jags," etc.**

**P5. Experienced serious anxiety or tension suggested by feeling uptight, unreasonably worried, unable to feel relaxed, etc.**

#### **Intent/Key Points**

These lifetime items refer to serious psychiatric symptoms experienced over a significant time (approximately 2 weeks). The patient should understand that symptoms that are the direct biochemical result of alcohol, drugs, or withdrawal are not included. This means that the behavior or mood is not due to a state of drug or alcohol intoxication, or to withdrawal effects.

## Suggested Interviewing Technique

We recommend that you ask the lifetime questions before you ask the questions pertaining to the past 30 days. Regardless of the answer, the interviewer should inquire about the past 30 days. For example, the interviewer should ask,

*"Mr. Smith, have you had a significant period in your life in which you have experienced serious depression?"*

*"How about more recently? Have you experienced severe depression in the past 30 days?"*

You may find it helpful to ask him about the circumstances surrounding the time when he was experiencing the symptom:

*"What was going on in your life that made you feel that way?"*

You may decide to ask him directly.

*"During that time, were you doing drugs that made you feel anxious, or was it an anxiety that occurred even when you weren't doing drugs?"*

*"Do you ever feel that way when you are not using substances?"*

Finally, ask him about the past 30 days:

*"Have you experienced any anxiety during the past 30 days?"*

## Additional Probes

- ☐ Circumstances surrounding the time when the patient experienced the symptom
- ☐ Ask if the depression and anxiety were related to (not biochemically caused by) the substance abuse problem.

## Coding Issue

- The Past 30 Days and the In Your Life (lifetime) intervals are designed to be considered separately. The past 30 days will provide information on recent problems, while the lifetime category will indicate a history of problems prior to the past 30 days.

**Have you had a significant period of time (that was not a direct result of alcohol/drug use) in which you have: [past 30 days and in your life]**

- P6. Experienced hallucinations (saw things/heard voices that others did not see or hear)**
- **not related to religious/ceremonial practices.**
- P7. Experienced trouble understanding, concentrating, or remembering?**

### **Intent/Key Points**

Item P7 Lifetime refers to serious psychiatric symptoms over a significant time (approximately 2 weeks). Item P6 Lifetime is of sufficient importance that even its brief existence warrants that it be recorded. For Items P6 and P7, the patient should understand that symptoms that are the *direct biochemical result* of alcohol, drugs, or withdrawal are not included. It has been our experience that the patient will usually be able to differentiate a sustained period of emotional problem from a drug- or alcohol-induced effect.

It is particularly important to let the patient know that hallucinations related to religious, spiritual, or ceremonial practices such as sweat lodges or sun dances would not be coded here.

### **Suggested Interviewing Technique**

We recommend that you ask the lifetime questions before you ask the questions pertaining to the past 30 days.

*"Mr. Smith, have you had a significant period in your life in which you saw things other people didn't see or heard things others didn't hear?"*

*"How about the past 30 days?"*

### **Additional Probe**

- ☐ The nature of the hallucination (what the patient saw or heard)

### **Coding Issue**

- The Past 30 Days and the In Your Life (lifetime) intervals are designed to be considered separately. The past 30 days will provide information on recent problems, while the lifetime category will indicate a history of problems prior to the past 30 days.

**Have you had a significant period of time in which you have: [past 30 days and in your life]**

- P8. Experienced trouble controlling violent behavior including episodes of rage or violence.**
- P9. Experienced serious thoughts of suicide: Times when the patient seriously considered a plan for taking his or her life.**
- P10. Attempted suicide: Include discrete suicidal gestures or attempts.**

### **Intent/Key Points**

The experiences asked about in Items P8, P9, and P10 are of sufficient importance that even their brief existence warrants that they be recorded. Further, the seriousness of Items P8, P9, and P10 warrants inclusion even if the events were caused by or associated with alcohol or drug use.

**Important:** For Item P9, ask the patient if he or she has recently considered suicide. If the answer is "yes" to this question, and/or the patient gives the distinct impression of being depressed to the point at which suicide may become a possibility, notify a senior member of the treatment staff of this situation as soon as possible.

An interviewer should probe further: How recent were the thoughts? Are they current? Does the client have a plan? Does the patient have access to the plan? Is there a history of attempted suicide? (This is the question asked in P10. If the answers to any of these questions are "yes," notify a senior member of the treatment staff of this situation as soon as possible. This is a situation that may require immediate response by the treatment agency.)

### **Suggested Interviewing Technique**

We recommend that you ask the lifetime questions before you ask the questions pertaining to the past 30 days.

*"Mr. Smith, have you had a significant period in your life in which you have experienced trouble controlling violent behavior?" Then—*

*"Have you experienced trouble controlling violent behavior during the past 30 days?"*

## Additional Probes

- ☐ Circumstances surrounding the symptom (*"What made you get violent?"*)
- ☐ Details of the suicide plan (*"How were you going to do it?"*)
- ☐ Whom would the patient prefer to call if making a safety contract?

## Coding Issue

- The Past 30 Days and the In Your Life (lifetime) intervals are designed to be considered separately. The past 30 days will provide information on recent problems, while the lifetime category will indicate a history of problems prior to the past 30 days.

**Have you had a significant period of time (that was not a direct result of alcohol/drug use) in which you have: [past 30 days and in your life]**

**P11. Been prescribed medication for psychological or emotional problems?**

- **The medicine must have been prescribed for the patient, by a physician, for a psychiatric or emotional problem. Record "yes" if the medication was prescribed, even if the patient did not take it.**

## Intent/Key Points

To record information about whether the patient has had psychiatric problems that warrant medication.

## Suggested Interviewing Technique

It is recommended that the interviewer first ask the lifetime question from each pair. For example:

*"Have you ever taken prescribed medication for any psychological or emotional problem?"*

Regardless of the answer, the interviewer should inquire about the past 30 days.

*"How about more recently? Have you taken any psychiatric medication in the past 30 days?"*

If you probed sufficiently in any of the earlier questions you may have found out a client was on prescribed medications. You may want to ask this question in the following way.

*"You stated earlier you were prescribed and were taking [insert the name of the drug, e.g., Prozac, Zoloft, Mellaril] as a result of the hospitalization in 1998 you were telling me about. Aside from this, have you been prescribed any other medications for psychological and/or emotional problems?"*

### **Additional Probes**

- ☐ The types of medication taken
- ☐ The patient's perception of the reason for the medication to be taken
- ☐ Whether or not the patient has been taking the medication as prescribed
- ☐ Was the medication helpful to the patient?

### **Coding Issue**

- The Past 30 Days and the In Your Life (lifetime) intervals are designed to be considered separately. The past 30 days will provide information on recent problems, while the lifetime category will indicate a history of problems prior to the past 30 days.

## **P12. How many days in the past 30 days have you experienced these psychological or emotional problems?**

### **Intent/Key Points**

To record the number of days that the patient has experienced the previously mentioned psychological or emotional problems. Be sure to have the patient restrict his or her responses to those problems counted in Items P4 through P11.

### **Suggested Interviewing Technique**

Although many patients admit experiencing some of the individual symptoms, they may not identify them as "psychological or emotional problems." For example, they may say that although they have had trouble controlling violent behavior in the past 30 days, they have not experienced any emotional problems. ("Hey, I 'm not crazy . . . People mess with me, I defend myself.") Therefore, we have found it helpful to target the question to the specific symptoms reported in Items P4–P11. For example:

*"Mr. Smith, how many days in the past 30 days have you experienced the anxiety [or the depression, or the trouble controlling violent behavior] that you mentioned?"*

### **Additional Probes**

- ☐ Duration of the symptom
- ☐ Trigger for the symptom (if applicable)

### **PSYCHIATRIC STATUS PATIENT RATING**

**P13. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?**

**P14. How important to you now is treatment for these psychological problems?**

### **Intent/Key Points**

To record the patient's feelings about how bothersome the previously mentioned psychological or emotional problems have been in the past month and how interested the patient would be in receiving (additional) treatment. Be sure to have the patient restrict his or her response to those problems counted in Items P4 through P11.

### **Suggested Interviewing Technique**

When asking the patient to rate the problem, use the name of it, rather than the term "psychological problems." For example, if the patient reports having trouble with serious anxiety in the past 30 days, ask the patient Question 11 in the following way:

*"Mr. Smith, how troubled or bothered have you been in the past 30 days by the anxiety that you mentioned?"*

Ask Item 14 in the following way:

*"Mr. Smith, how important would it be for you to get additional treatment for the anxiety that you mentioned?"*

### **Coding Issues for Item P13**

- Referring to Item P13, have the patient rate the severity of those problems in the past 30 days in P12. Be sure that patient understands that you do not necessarily mean transfer to a psychiatric institution, or psychotropic medication.

**Note:** If P12=0, we suggest that you ask Questions P13 and P14 in the following way, to double-check that the patient really hasn't had problems.



*"So, Mr. Smith, it sounds like you haven't had any emotional or psychological problems in the past 30 days. May I assume that you haven't been bothered by any emotional or psychological problems?" or*

*"So, Mr. Smith, it sounds like you haven't had any emotional or psychological problems in the past 30 days. Using our Patient's Rating Scale, how would you rate how troubled or bothered you are by emotional or psychological problems?"*

If the patient responds that in fact he or she is "troubled and bothered" by emotional or psychological problems but did not identify any days of problems, you must probe and ask what emotional or psychological problems those would be. You then must go back to P12 and ask how many days the patient was in fact bothered by those emotional or psychological problems. Enter the number of days and then ask P13 and P14.

### **Coding Issues for Item P14**

- For Item P14, emphasize that you mean additional emotional or psychological treatment for those problems specified in Item P12.
- If a patient states that he or she is not at all troubled and/or bothered in P13, but states he or she is considerably interested in treatment, this may represent what appears to be an inconsistency in the client's response. Generally patients are not considerably interested in treatment for problems they do not consider themselves to have. In these situations, the worker must go back and probe to clarify the inconsistency and enter the correct data, or if the data are correct and the inconsistency has an explanation, make a much-needed notation in the Comments section.
- The same is true if the patient responds that he or she is in fact "troubled and/or bothered" by a problem but are "not at all" interested in treatment. This may represent what appears to be an inconsistency in the patient's response. Generally, patients are interested in treatment for problems they do consider themselves to have. In these situations, the worker must go back and probe to clarify the inconsistency and enter the correct data, or if the data are correct and the inconsistency has an explanation, make a notation in the Comments section.

## PSYCHIATRIC STATUS PATIENT SYMPTOMS

*These are ratings by the interviewer based on his or her observations of the patient.* The interviewer should use his or her judgment based on the patient's behavior and answers during the interview. Do not overinterpret; count only the presence of overt symptoms in these categories. Patients experience an appropriate amount of anxiety during the assessment interview that is quite natural and expected. This would not be counted as the patient being "obviously anxious or nervous."

**At the time of the interview, the patient was:**

- P15. Obviously depressed/withdrawn**
- P16. Obviously hostile**
- P17. Obviously anxious/nervous**
- P18. Having trouble with reality testing, thought disorders, paranoid thinking**
- P19. Having trouble comprehending, concentrating, remembering**
- P20. Having suicidal thoughts**

**Note:** If a "yes" response is recorded, it is strongly recommended that you make the appropriate notation in the Comments section justifying the "yes" response. Remember, we are recording overt symptoms.

**PSYCHIATRIC STATUS INTERVIEWER SEVERITY RATING****P21. How would you rate the patient's need for psychiatric/psychological treatment?**

Remember the two-step derivation method for severity ratings:

**Step 1:** *Reduce the 10-point scale (0–9) to two or three points, using only the objective items (Items 1–11 in the Psychiatric Status section).*

- 0–1 No problem, treatment not needed
- 2–3 Slight problem, treatment probably not indicated
- 4–5 Moderate problem, some treatment indicated
- 6–7 Considerable problem, treatment necessary
- 8–9 Extreme problem, treatment absolutely necessary

Consider adjusting the range based on the critical objective items of the section.

**Critical Objective Items of the Psychiatric Status Section**

Item	Description
P1	Lifetime Hospitalizations
P4–11	Present and Lifetime Symptoms

**Step 2:** *Factor in the Patient's Rating Scale. Pick the score that represents the Patient's Rating Scale.*

For example, if the interviewer's three-point range is 4-5-6, and the patient reports that he or she has been extremely bothered and he or she would be extremely interested in treatment for psychological/emotional problems, then select the highest point of the three-point range (in this case, a "6") for the severity rating in this section.

The meaning of the "6" severity rating is that treatment is necessary for the Psychiatric section. The severity rating for this section should have no effect on any other sections.

**Note:** Select the rating that best reflects this client's need for "additional" treatment. Select that rating.

## PSYCHIATRIC STATUS CONFIDENCE RATING

**Is the above information significantly distorted by:**

**P22. Patient's misrepresentation?**

**P23. Patient's inability to understand?**

Whenever a "yes" response is coded, the interviewer should record a brief explanation in the Comments section.

The judgment of the interviewer is important in deciding the veracity of the patient's statements and his or her ability to understand the nature and intent of the interview. This does not mean a simple "hunch" on the part of the interviewer. Rather, this determination should be based on observations of the patient's responses following probing and inquiry when contradictory information has been presented or is supplied in the record.

These questions are not to be used as "denial meters." Even when the worker is aware of inconsistencies in the client's responses, this does not automatically mean a "yes" answer will be recorded to these questions. The operant phrase here is "significantly distorted." If the entire section is not significantly distorted by a couple of misrepresentations and/or an inability to understand, then you would select a "no" response.

**Note:** It is the responsibility of the interviewer to monitor the consistency of information provided by the patient throughout the interview. It is not acceptable to simply record what is reported. Where inconsistencies are noted, the interviewer must probe for further information and attempt to reconcile conflicting reports.

# **Spiritual and Ceremonial Practices**

## **Introduction**

This section is not found on any other version of the Addiction Severity Index. When dealing with a client's spiritual and ceremonial practices, be aware of your preconceptions and limitations, and ask these questions with respect and consideration for others' belief systems.

### **S1. Do you have a belief in a "God," a "Higher Power," or "Creator"?**

#### **Intent/Key Points**

To determine whether or not the client has a belief system

#### **Suggested Interviewing Technique**

Ask the question as written. You may also want to add descriptions such as "Supreme Being" or "a Being that rules or reigns over all others."

#### **Additional Probe**

- ☐ If client answers "yes," you may want to probe for the preferred name of this "Higher Power" or "Supreme Ruler" and for the client's belief and the importance of this belief system in his or her life.

**Concerning your spiritual life, what changes would you like help making?**

**S2. Learning more about prayer?**

**S3. Learning more about meditation?**

**S4. Education about a particular religion/spirituality?**

**S5. Changing attitude toward God/Creator?**

### **Intent/Key Points**

To identify facets in the client's spiritual life in which he or she may desire a change or an improvement. These changes may be in the areas of prayer, meditation, education about a particular religion/spirituality, or about a change in attitude toward God/Creator. If the client answers "yes" for any of the above questions, be sure to specify in the Comments section.

### **Suggested Interviewing Technique**

If the client reports an answer of "no" to any of the above questions, you may ask questions like:

*"Mr. Smith, you just stated that you have no desire to make any changes in learning more about prayer [meditation, education about a particular religion/spirituality, or about your attitude toward God/Creator]. Would you say that you are content in your current state of affairs in regard to your prayer life [meditation practices, education about a particular religion/spirituality, or about a change in attitude toward God/Creator]?"*  
**or**

*"Is your answer 'no' due to the fact that you don't practice prayer [meditation, religion/spirituality], or you don't desire a change in your attitude toward God [Creator] at all, or are you indifferent about it?"*

If the client answers "yes" to Questions S2 to S5, you may ask questions like:

*"Mr. Smith, what type of changes would you like help making in your life in regard to prayer [meditation, education about a particular religion/spirituality]? And how would you like to go about making these changes?"*

### **Additional Probe**

☐ As above

**S6. Do you have a spiritual leader or traditional/cultural person available for guidance?**

**S7. Do you seek out and utilize this person from time to time?**

**Intent/Key Points**

To record information about the availability of the client's spiritual leadership and if availability does indeed exist, the utilization of this leadership. If in Question S1, the client responds "no" in reference to having a belief in a "God" or "Higher Power," it is quite likely that S6 and S7 may be answered as "no" by the client.

**Suggested Interviewing Technique**

Be sure to let the client know that this question is in reference to spiritual leadership. It does not refer to someone in the community that he or she may "look up to" as a role model. It is also not a reference to an older person or someone close to the client who gives the client advice. These questions are more in reference to a pastor or priest or other identified spiritual leader.

**Additional Probes**

You may probe further to find out how often this person is utilized by the client and to what extent this utilization occurs or is helpful.

If the client reports that he or she does indeed have a belief in a "God" or "Higher Power" but answers "no" in Questions S6 and S7, it may be wise to further probe as to whom, if anyone, does the client seek for spiritual leadership (e.g., close friends, or a confidante, or does the client simply keep all feelings inside).

**Coding Issue**

- If the client responds "no" to Question S6, then the answer to be coded in S7 is automatically "no."

## **S8. Are you comfortable with your spirituality and beliefs?**

### **Intent/Key Points**

To record information about the patient's comfort with his or her spirituality and beliefs. As in Questions S6 and S7, if in Question S1, the client reports not having a belief in a "God" or "Higher Power," it is quite likely that S8 may be answered as "no" by the client.

If the client reports a feeling of indifference, this response must indicate that the patient is genuinely comfortable with his or her level of involvement in spiritual or cultural practices, not that he or she is merely resigned to it. For example, if the client's family is of a certain religion, and the patient doesn't genuinely believe in its practices or customs, but, rather, just adheres to them because of the family's affiliation with this particular religion, this would not be coded as "indifferent."

### **Suggested Interviewing Technique**

You may ask the client questions such as:

*"Mr. Smith, what aspects of your spirituality are you not comfortable with?"*

*"What, in your opinion, can be done to alleviate this uncomfortable feeling?"*

### **Additional Probe**

☐ Reasons for discomfort (if applicable)



**Do you regularly participate in:**

- S9. Native American religious ceremonies/activities (sweat lodges, sun dances, etc.)**
- S10. Native American Church meetings?**
- S11. Native American cultural activities?**
- S12. Native American dance activities?**

**Intent/Key Points**

To determine the client's level of participation in Native American activities (cultural, religious, etc.). For the above items code "yes" only if the client *regularly* participates in the above activities/meetings. If the client participates only "once in a while," this does not constitute regular participation.

**Suggested Interviewing Technique**

You may have to provide a frame of reference (weekly, monthly, biweekly, etc.) for the client.

You may ask the client questions such as:

*"Mr. Smith, do you consider yourself to be a **regular** participant of Native American religious ceremonies (Church meetings, cultural activities, etc.)?"*

*"Mr. Smith, how often, if at all, do you participate in Native American religious ceremonies (Church meetings, cultural activities, etc.)?"*

*"Mr. Smith, have you participated in any Native American activities in the past 30 days (week, year, etc.)?"*

**Additional Probes**

- ☐ You may also want to probe and comment on what is done in these activities if the client cares to disclose this type of information.
- ☐ You may also want to probe and comment on reasons for a lack of participation.

**S13. Are you familiar with your Native language?**

**What is the primary language you speak:**

**1–Native language 2–English 3–Spanish 4–Other**

**S14. At home?**

**S15. With friends?**

**Intent/Key Points**

To assess the extent of a client's familiarity with his or her Native language. This item refers to *familiarity*, which is not necessarily equivalent to fluency in the Native language, but, rather that the client has indeed heard of, or has been in the presence of his or her Native language being spoken, and has some understanding of the language. Examples of understanding: the client knows simple phrases in his or her Native language or can carry on a simple conversation in the language.

Also, record the *primary* language spoken at home and with friends. If the client is fluent in a language, that language is not necessarily the primary language spoken at home and with friends. Be certain to inquire of the primary language.

**Suggested Interviewing Technique**

You may ask questions such as:

*"Mr. Smith, are you fluent in your Native language?"* (If this answer is 'yes,' Item S13 should automatically be coded "1.")

*"Mr. Smith, what language do you consider to be your primary language?"*

*"Mr. Smith, what language do you speak most often at home (with friends)?"*

**Additional Probe**

- ☐ You may want to probe and find out if the client is equally familiar with more than one language (e.g., English and Native language, or Spanish and Native language). Also, the client may primarily speak more than one language at home and around friends due to the fact that maybe not all of his or her friends/family are of the same ethnicity.

**Coding Issue**

- If the client is fluent in his or her Native language, Item S13 should automatically be coded "1."

**S16. How many days in the past 30 days have you had concerns or problems with spiritual or cultural practices?**

**Intent/Key Points**

To record the number of days out of the past 30 days that the client experienced any concerns or problems dealing with spiritual or cultural practices. This item refers to the number of days that the patient has experienced any dissatisfaction, distress, etc., with his or her spiritual or cultural practices, and not to the severity of the problem(s).

**Suggested Interviewing Technique**

Ask the above question as written, with examples.

*"Mr. Smith, how many days in the past 30 days have you had any concerns or problems with your spiritual or cultural practices, where you may have felt distressed or sad about these things?"*

**Additional Probe**

- ☐ The nature of the concerns or problems (What are these concerns in regard to?)

*"Have you sought guidance for these concerns or problems from a spiritual leader or confidante?"*

**SPIRITUAL AND CEREMONIAL PRACTICES PATIENT RATING**

**S17. How troubled or bothered have you been by problems with spiritual or cultural practices?**

**S18. How important to you now is counseling for these problems/concerns? (including learning Native American cultural practices and ceremonies)**

**Intent/Key Points**

To record the patient's feelings about how bothersome any previously mentioned spiritual or cultural problems or concerns have been in the past month, and how interested the client would be in receiving (additional) counseling. These refer to any dissatisfaction, conflicts, or other problems reported in and unique to the Spiritual and Ceremonial Practices section.

## Suggested Interviewing Technique

When asking the patient to rate the problem, mention it specifically, rather than using just the term "problems." For example, if the patient reports being troubled by problems with a certain religious ceremony such as a sweat or sun dance, phrase the question like this:

*"Mr. Smith, how troubled or bothered have you been in the past 30 days by the spiritual or cultural problems such as those that you told me about with your ceremonial sweat lodge or sun dance?"*

Ask the patient Question S18 in the following way:

*"Mr. Smith, how important is it for you to receive counseling or talk to someone about the problems that you have just mentioned?"*

## Additional Probe

- ☐ Details of the problems

## Coding Issue

- Do not include problems that would be eliminated if the patient's substance abuse problems were absent.

## Cross-check

- ✓ Cross-check items with other items in the section that refer to problems.

**Note:** If a client states that he or she is "not at all" troubled and/or bothered in Items S17, but states he or she is "considerably" interested in treatment in Item S18, this may represent what appears to be an inconsistency in the client's response. Generally clients are not considerably interested in treatment for problems they do not consider themselves to have. In these situations, the counselor should go back and probe to clarify the inconsistency and enter the correct data; or if the data are correct and the inconsistency has an explanation, make a notation in the Comments section.

The same is true if the client responds that he or she is in fact "troubled and/or bothered" by a problem but is "not at all" interested in treatment. This may represent what appears to be an inconsistency in the client's response. Generally clients are interested in treatment for problems they report. In these situations, go back and probe to clarify the inconsistency and enter the correct data; or if the data are correct and the inconsistency has an explanation, make a notation in the Comments section.

## **SPIRITUAL AND CEREMONIAL PRACTICES INTERVIEWER SEVERITY RATING**

### **S19. How would you rate the patient's need for spiritual or cultural counseling?**

Remember the two-step derivation method for severity ratings:

**Step 1:** *Reduce the 10-point scale (0–9) to two or three points, using only the objective items.*

0–1	No problem, treatment not needed
2–3	Slight problem, treatment probably not indicated
4–5	Moderate problem, some treatment indicated
6–7	Considerable problem, treatment necessary
8–9	Extreme problem, treatment absolutely necessary

For the Spiritual and Ceremonial Practices section, there are no "critical objective items."

**Step 2:** *Factor in the patient's rating. Pick the score on the Patient's Rating Scale that represents the patient's rating.*

For example, if the interviewer's three-point range is 4-5-6, and the patient reports that he or she has been extremely bothered and would be extremely interested in treatment for spiritual problems, then select the highest point of the three-point range (in this case, a "6") for the severity rating in this section.

The meaning of the "6" severity rating is that treatment is necessary for these issues. The severity rating for this section should have no effect on any other sections.

## **SPIRITUAL AND CEREMONIAL PRACTICES CONFIDENCE RATING**

**Is the above information significantly distorted by:**

**S20. Patient's misrepresentation?**

**S21. Patient's inability to understand?**

Whenever a "yes" response is coded, the interviewer should record a brief explanation in the Comments section.

The judgment of the interviewer is important in deciding the veracity of the patient's statements and his or her ability to understand the nature and intent of the interview. This does not mean a simple "hunch" on the part of the interviewer. Rather, this determination should be based on observations of the patient's responses following probing and inquiry when contradictory information has been presented or is supplied in the record.

**Note:** It is the responsibility of the interviewer to monitor the consistency of information provided by the patient throughout the interview. It is not acceptable to simply record what is reported. Where inconsistencies are noted, the interviewer must probe for further information and attempt to reconcile conflicting reports.

# **User's Guide for Questions Not Included in the ASI, North Dakota State Adaptation for Use With Native Americans**

*Not all questions from other versions of the ASI were included in the North Dakota State Adaptation for Use With Native Americans. The instructions for these questions are included here for the convenience of the reader.*

## **GENERAL INFORMATION**

### **G4. Race**

#### **Intent/Key Points**

To record the client's primary race.

#### **Suggested Interviewing Technique**

Ask the question as follows:

*"Mr. Smith, what do you consider to be your race?"*

Read the list if necessary.

#### **Coding Issue**

- If the client identifies more than one race, note this under Comments. Develop a special code—e.g., "X"—for this situation and use it consistently.

## EMPLOYMENT/SUPPORT STATUS

### E7. Usual (or last) occupation

#### Intent/Key Points

To record information about the patient's job, in addition to the level of skill the job demands as defined by the Hollingshead scale. Record the name of the patient's usual occupation. Record the usual occupation, even if the patient has recently been working in a different capacity. ***If the patient does not have a usual occupation, then record the most recent job.***

#### Suggested Interviewing Technique

Ask about the patient's usual job. If the patient reports doing "whatever comes along," ask about his or her last occupation.

*"Mr. Smith, what do you usually do for a living?"*

If Mr. Smith does many different things,

*"Mr. Smith, what is the last job that you've held?"*

#### Additional Probe

- ☐ Names of places where the patient has worked

#### Coding Issues

- Code as "N" only when the patient has never worked at all.
- Be sure to specify within general classes of work (if the client is a salesperson, then specify: computer sales, used car sales, etc.).

#### Cross-check

- ✓ Employment/Support Status Items E2, E3, E6 (possibly)



## Hollingshead Categories

1. Higher executives, major professionals, owners of large businesses
2. Managers of medium-sized businesses, nurses, opticians, pharmacists, social workers, and teachers
3. Administrative personnel, managers, minor professionals, owners of small businesses: bakery, car dealership, engraving business, plumbing business, florist, decorator, actor, reporter, travel agent
4. Clerical and sales, technicians: bank teller, bookkeeper, clerk, draftsman, timekeeper, and secretary
5. Skilled manual—usually having had training (baker, barber, brakeman, chef, electrician, fire fighter, lineman, machinist, mechanic, paper hanger, painter, repairperson, tailor, welder, police officer, plumber)
6. Semi-skilled (hospital aide, painter, bartender, bus driver, cutter, cook, drill press, garage guard, checker, waiter, spot welder, machine operator)
7. Unskilled (attendant, janitor, construction helper, unspecified labor, porter, *including unemployed*)
8. Homemaker
9. Student, disabled, no occupation

## DRUG AND ALCOHOL USE

### **D99. [Optional] How many days have you been treated in an inpatient setting for alcohol or drugs in the past 30 days?**

*When Item D99 is included, it can be asked about in conjunction with Item D25. Question D25 asks how many days the patient has been treated in an **outpatient** setting.*

### **Intent/Key Points**

Treatment refers to any type of either outpatient (the patient does not spend the night at the treatment setting) or inpatient (hospital-based, residential, halfway house, etc.) substance abuse therapy. This does not include psychological counseling or other therapy for non-abuse problems.

### **Suggested Interviewing Technique**

As the questions as written below.

*"Mr. Smith, how many days in the past 30 days have you been treated in an outpatient setting or attended self-help groups like AA or NA?"*

*"How many days have you been treated as an inpatient, when you lived or remained in the treatment setting overnight?"*

### **Additional Probes**

- Names of programs
- Types of meetings

### **Coding Issues**

- Include methadone maintenance; AA, NA or CA meetings; and Antabuse, etc. in outpatient category.
- Treatment requires personal (or at least telephone) contact with the treatment program. *The fact that the patient was "officially enrolled" in a program does not count if he or she has not attended at least three sessions.*

## Part III

### **Chapter 6—Adapting the Addiction Severity Index, Fifth Edition**

### **Chapter 7—Addiction Severity Index, Fifth Edition Clinical/Training Version**

